

First 5 Tehama Children and Families Commission

Annual Report: Fiscal Year 2002-2003

In the event we have questions about the information contained in this county report, please give us the following information for your county contact:

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County Commission Narrative Form

Please note that your Evaluation Technical Assistance Coach can help you collect and prepare much of this information.

1. **County Priorities.** (Please try to limit your response to this question to **one page**.)

- a. Describe the major issues and/or needs identified by your commission within your county. Your response may include the same information reported last year.

Information gathered highlighted the barriers and challenges to be considered in development of the strategic plan to promote healthy children, well prepared to enter school and support of families. The conclusions reached are summarized in two categories:

- Access Barriers – lack of health insurance and services with specialty physicians and dentists, health care costs, inadequate transportation in rural areas, inconvenient and lack of child care facilities, particularly for special needs children, culture and language, and few parental support resources are all prohibitive factors that impact the health of the community.
- Demographic Challenges – children living in poverty, lack of affordable housing, unemployment varies with seasonal and migrant workers, increasing undocumented immigrants, language/cultural differences and, vastness of rural area with few outlying programs impact the quality of life.

- b. Please describe the funding priorities your commission has focused on in the past fiscal year (July 1, 2002 - June 30, 2003) in the following areas:

- ***Systems-level priorities*** (e.g., changes in policies, legislation, service integration).

In order to leverage funds and to ensure a 10 year investment in the youngest children of Tehama County, the Commission targeted writing proposals to request additional funds that fit within their Strategic Plan and developing a long range financial plan reflective of First 5 Tehama's vision and Strategic Plan.

- ***Program-level priorities*** (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

In order to be successful and to maximize the impact of funds, The Commission targeted the following strategies as funding priorities for years 2001-2004:

Improved Family Functioning: Strong Families

- Support and expand parent education and counseling opportunities for parents of children prenatal through age five.
- Promote and expand community based, faith based, and in-home support services.

Improved Child Development: Children Learning and Ready for School

- Recruit, support, assist and provide grants to child care and development providers less than 100% subsidized to increase and maintain quality assurance standards.
- Support the development of nontraditional hours of child care including early morning, evening, night and weekends.

- Work with employers in communities to provide quality on-site child care programs or child care assistance for families with children prenatal through age five.

Improved Child Health: Healthy Children

- Support coordinated early screening programs that link families with children ages 0-5 with comprehensive health care and dental care services.
- Work with existing providers to encourage school based and faith based services for families with children prenatal through age five.
- **Commission-level priorities** (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

In order to promote community education and awareness of First 5 Tehama activities and the importance of the First 5 years, the Commission targeted Community Strengthening efforts.

Another Commission priority was quality and effective programs which were supported by Systems Change Activities.

2. **Major Accomplishments.** Please list briefly (in no more than **two pages**) the major accomplishments of your County Commission in FY 2002-2003 in each of the following areas. Please **distinguish School Readiness Initiative** funded activities from other activities.

- a. **Systems-level accomplishments** (e.g., changes in policies, legislation, service integration).

This year a lot of effort was put into the development and submission of two proposals and one concept paper requesting additional funds from First 5 California for 1) School Readiness Program Funds and 2) Retention Incentives for Early Learning Staff Funds and to the Robert Wood Johnson Foundation for the 1) Local Initiative Funding Partners Program 2004. We received positive notification in August 2003 regarding both proposals to First 5 CA and will begin the projects this fall. Concept paper notification will come in September 2003. If accepted, a scope of work will be developed in partnership with a community based organization creating Tehama County Early Childhood Connections which will link to and provide at-risk children, prenatal to five, with quality developmental, behavioral and psychosocial services.

The Commission also adopted a long range financial plan which ensures a 10 year financial commitment for children prenatal through age five and their families.

- b. **Program-level accomplishments** (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

Planning Efforts:

- ♦ **PROJECT: Employer Sponsored Child Care Assistance.** A plan was developed for employers to provide on-site child care or child care assistance programs.* At the conclusion of the this planning grant, two Tehama County companies, one of which was already in the process of developing a child care center, formed an agreement to collaborate on a joint employer sponsored child care center to be located centrally to both businesses. A third company has expressed an interest in purchasing child care slots for their employees at this center once the facility has been developed and is fully functional. This child care and preschool facility will serve the families

employed by these companies as well as the community at large. It will care for children 0-5 years of age as well as children after school.

Capital Improvements Efforts:

- ◆ PROJECT: Creative Learning Center. Funds were approved for developmentally appropriate indoor furnishings for an Employer-Sponsored/Community Child Care Center and Preschool that was developed due to efforts accomplished by First 5 Tehama funded Local Child Care Planning Council planning grant project. This child care and preschool facility will be the first of its kind in the county to be open during evening and night hours to accommodate parents who work late shifts.
- ◆ PROJECT: Corning Infant and Toddler Center. Continued monitoring efforts regarding outreach for the facility that was funded last year to offer expanded infant and toddler care center slots to ensure full enrollment. Teen parents are a target priority; services include parent education, health and social services for families.*

Direct Services Efforts:

- ◆ PROJECT: Informal Caregiver Home Visiting and Training Program. Providing outreach, support and training activities for license-exempt child care providers and Spanish-speaking potential providers through home visits, workshops, technical assistance, media, and community presentations. Will work to increase parents, providers, and community knowledge of the benefits of quality child care, childhood development and healthy and safe home environments with an emphasis on school readiness.*
- ◆ PROJECT: Family Resource Center. Expanded existing Family Resource Center in both capacity and delivery of services. Core services include parent education, child development activities, resource and referral, drop-in availability, peer-to-peer supports, and on-site child care.*
- ◆ PROJECT: Perinatal Education Program. Bilingual/bicultural perinatal education program that serves women from prenatal period through six weeks postpartum including rural teen parents. “Kits for New Parents” will be utilized to develop curriculum and as a working tool throughout the series. Training of bilingual/bicultural staff for class instruction. Classes include breastfeeding, baby basics, six-week postpartum, childbirth, and water birth classes *

*Includes outreach and services to Latino and Spanish speaking children and their families.

- c. ***Commission-level accomplishments*** (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

Community Strengthening Efforts:

- ◆ “Kit for New Parents” distribution and education: The Commission trained distribution and referral partners on the many uses of the “Kit” including parent education, comprehensive resource, and program/curriculum augmentation. The Commission also utilized the “Kit” during Community events and fairs to promote education and awareness of First 5 Tehama activities, to provide information about the importance of the First 5 years and use of community resources.
- ◆ The Commission developed and distributed “A Guide for Parents of Young Children”. This too is a tool for parents and early care providers and also is used to promote education and awareness of First 5 Tehama activities and community

resources. First 5 Tehama has partnered with multiple agencies, groups, and services providers to ensure as many families as possible with children 0-5 receive one.

System Change Support Activities through Results Based Accountability and Service Quality:

- ◆ The Commission provided funded programs with training, technical assistance, and support to conduct evaluations and use data. The Commission also adopted an evaluation design which incorporates First 5 CA outcomes from the SRI International evaluation and the School Readiness outcomes. Funded project's evaluation reporting and data collection systems were aligned with Prop 10 Evaluation Data System (PEDS) due to Commission staff and evaluation consultant efforts.
 - ◆ The Commission assisted School Readiness Program applicants in conducting community asset mapping/needs assessment and in conducting research and editing for their proposals.
 - ◆ The Commission also assisted funded programs in the development and monitoring of service quality standards. Funded projects are providing services and support in a more comprehensive, responsive, and effective manner.
3. **Challenges.** Please describe briefly (in no more than one page) any challenges your County Commission faced in being able to implement programs and achieve goals in FY 2002-2003.

The Commission staff and evaluation consultant encountered several obstacles in implementing the evaluation strategy and services. The solutions involved more attention to capacity building among Tehama County grantees serving children 0 to 5. The first obstacle was the unfamiliarity of grantees with Results Based Accountability and logic models. This was overcome somewhat by several workshops conducted by the consultant with the grantees through ongoing training, technical assistance and monitoring provided by the Commission office.

The second obstacle was turnover in grantee staff. Grantee staff, which developed the first logic model, performance measures, and forms, left the agency and new staff did not understand data collection plans. As a result, data not in conformity with the evaluation plan was submitted by some grantees. This was overcome by follow up meetings and clarification on logic models, performance measures and explanation and training of forms for data collection.

The third obstacle was the need to establish a core curriculum for Prop 10 funded parenting education classes that included key desired components: expectations of children based on their developmental stage, child safety, discipline, and parenting skills. Parenting classes and parent support groups seek to engage parents by addressing their concerns. It takes skills and determination on the part of the facilitator to ensure that a core curriculum is delivered. The longer the sequence of parenting education classes, the higher the likelihood that the core can be delivered.

4. **Plans for FY 2003-2004.** Please list briefly (in no more than **one page**) your County Commission's major plans for FY 2003-2004.

The Commission held its Annual Commission Workshop and Strategic Plan review on August 5, 2003 and confirmed its major plans for FY 2003-2004.

- a. School Readiness Program implementation of the two funded projects: First Steps Learning Center and Gerber Family Center. These two projects were developed to

improve the ability of families, schools, and communities to prepare children to enter school ready.

- b. Child Care Retention Incentive Program implementation. This project will provide incentives and services to caregivers county-wide expanding an existing First 5 Tehama funded outreach project that serves as the entry-level component of the plan by adding the CRI component level that includes licensed family child care provider and staff, Head Start staff, and center-based providers and staff.
- c. Informal Caregiver Home Visiting and Training Program: Provides outreach, support and training activities for license-exempt child care providers and Spanish-speaking potential providers through home visits, workshops, technical assistance, media, and community presentations. Works to increase parents, providers, and community knowledge of the benefits of quality child care, childhood development, and healthy and safe home environments with an emphasis on school readiness.
- d. Bilingual/bicultural Perinatal Education program: Serving women from prenatal period through six weeks postpartum including rural teen parents. Expanding services to Gerber and Los Molinos Elementary School Readiness sites and to Corning. “Kits for New Parents” are utilized to develop curriculum and as a working tool throughout the series. Classes include: Childbirth, Waterbirth, Baby Basics, Breastfeeding, and Six Week Postpartum.
- e. Creative Learning Center: A case study of the Creative Learning Center collaboration will be written. Utilizing the success of the planning grant funded by First 5 Tehama in growing this site, the Commission will replicate similar planning efforts in South County with small employers.
- f. Move forward with efforts to develop developmental and behavioral services using School Readiness programs as the principal platform for services, however, ultimately providing services countywide. The project goal would be to link to and provide at-risk children, prenatal to five, with quality developmental, behavioral, and psychosocial services.

Action planning was also developed at the Annual Commission Workshop for the following items:

- Community and Organization Capacity Building
- Improved Service Delivery
- Improved Funding Process

5. **Status of Local Evaluation, Reporting, and Data Collection.** Please respond to the following questions (in no more than **three pages**). Feel free to attach local evaluation reports to augment your response.

- a. Have there been any major findings from your local evaluation efforts? We are especially interested in findings related to school readiness, universal preschool, early childhood development and educational experiences, universal health care, and early assessment and intervention.

First 5 Tehama’s evaluation efforts during the past year have emphasized planning for the Commission’s local evaluation, planning to integrate the state evaluation and capacity building with grantees.

- b. Explain how these findings have been used (to inform policy-makers, to educate the public, to refine and plan programs, or in other ways).

A local evaluation design was prepared, refined and adopted by the Commission which included community indicators, baseline information and performance measures for funded programs. The evaluation design incorporated the state outcomes from the SRI evaluation and the school readiness outcomes.

Staff and the evaluation consultant worked with SRI evaluation coach and data technician to plan for Tehama's participation in the state evaluation. Tehama's funded programs correspond directly to categories in the state evaluation framework.

Commissioners were briefed at their November meeting on the state evaluation design and state level outcomes. Commissioners reviewed and discussed evaluation strategies at the October 2002, November 2002 and April 2003 meetings. A workshop was held for grantees on results based accountability and a uniform reporting format.

Staff and the evaluation consultant worked with grantees to develop specific results based accountability plans for funded programs. Logic models were developed collaboratively with grantees which linked activities to immediate, intermediate and long term outcomes. Grantees providing parent education direct services and capacity building for child care providers submitted information to the Commission in accordance with their designated outcomes. Findings were used to refine programs.

6. **Outreach to Historically Underserved Populations.** Please answer (in no more than **one** page) the following questions.

- a. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

Spanish speakers, teen parents, parents who work late shifts, families with children who have disabilities, geographically isolated families, and informal care providers are underserved populations.

- b. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

Given this knowledge about Tehama County, First 5 Tehama's Strategic Plan mandates each project funded must include the four critical principles of:

1. Serve ethnically, culturally and linguistically diverse children and families and special needs children and families;
2. Address the needs of geographically and socially isolated communities;
3. Target traditionally under-served/high-need populations;
4. Streamline access and removal of barriers to promote access.

- c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

- ◆ Geographically isolated families & informal care providers: Projects funded addressed this need directly providing funded services to specific rural areas or transporting families and children directly to the service. A van was leased for the Family Resource Center to increase access and one has been purchased to ensure access to an infant and toddler child care center. A home visitor provides direct services to informal care providers, and two parent education programs offer satellite

services; one also has a satellite office. Because of this small bridge to services, parents and children have access to needed child care, parent education, and support services.

- ◆ Spanish speakers: Because one of the principles for First 5 Tehama is to serve ethnically, culturally, and linguistically diverse children and families; the direct service projects addressed this need through the hiring and training of bilingual/bicultural staff and the outreach home visiting program to licensed exempt providers uses a translator. One hundred percent (100%) of First 5 Tehama's activities reduced cultural and language barriers for families in Tehama County.
- ◆ Teen parents: Both the Family Resource Center and the bilingual/bicultural perinatal education program offer services and resources targeting teen parents. Both programs brought services directly to teen parents. An infant and toddler center expanded child care slots targeting teen parents, services also include parent education, health, and social services.
- ◆ Families with children who have disabilities: The Family Resource Center offers services and resources targeting families with children who have disabilities. The employer based/community child care center and preschool will begin offering services in August 2003 and will also serve children with disabilities as does the infant and toddler child care center.
- ◆ Parents who work shifts: First 5 Tehama helped support the development of an employer based/community child care center and preschool which will begin offering services in August 2003 during regular and non-tradition hours of care (6am-2am) to accommodate parents who work late shifts.

7. *(Optional)* **Systems Change Support Activities.** Systems change support activities are complex and can range from bringing people from various agencies and backgrounds to the table, to changing policies and practices, to systematically looking at information across programs. Sometimes it is difficult to communicate to the public how making such changes can result in better services and outcomes for children and families. If your County Commission has an example of an effective systems change effort, please share your story here. Below are some questions to guide your narrative. (Please try to limit your response to **one page**.)

- a. What were you trying to change and why?
- b. Who was involved?
- c. What agreements, changes, or products resulted from this work?
- d. How, ultimately, are children and families better served because of these activities?

8. **Innovative and Promising Programs.** Please describe at least **three** new or continuing promising programs that your County Commission funded during FY 2002-2003. If your county is participating in the School Readiness Initiative, please make sure that at least one of the programs highlighted is part of that initiative. For each innovative and promising program, please provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please try to limit each program description to **two pages**.)

PROGRAM A:

- a. What is the name of the program, and in which agency is it housed?

- ◆ Informal Caregiver Home Visiting and Training Program at Child Care Referral & Education.
- b. What identified need or issue does the program address?
 - ◆ This program provides outreach, support and training to informal (license-exempt) child care providers through home visits, technical assistance, trainings and incentives.
- c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?
 - ◆ This promising program focuses on Improved Child Development.
- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?
 - ◆ This program was designed to offer support and education for child care providers who care for children ages 0-5.
- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?
 - ◆ This program does provide outreach to Latino child care providers and all materials are offered in their primary language, Spanish, and we have bilingual staff that assists with home visits and trainings.
- f. What specific outcomes does the program aim to achieve?
 - ◆ The program aims to achieve improved quality of child care for children ages 0-5 who are cared for by family or friends (informal caregivers). This will result in improved child development and school readiness.
- g. What activities or resources are offered through the program?
 - ◆ This program offers informal caregivers increased support through home visits, workshops, technical assistance with licensing, educational packets of information on child development, health and safety, school readiness, and becoming licensed for child care. Providers are given incentives such as free books, art materials, gift certificates, and money for attending trainings. The program also offers Playdates in the Park for providers and parents.
- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?
 - ◆ The program is run by a Project Coordinator with educational background in Early Childhood Education and Elementary Education. The program is also supervised and administered by a Director of Early Childhood Services.
- i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?
 - ◆ The program is innovative for this community because it identified an unmet need in the county and designed a program to address that need. The program was planned and designed with informal caregivers' input and needs in mind. Informal child care

providers are often isolated and uneducated, so by bringing information to their homes, the program was able to have a greater impact.

- j. What types of positive impacts has the program had on children and families?
 - ◆ The program has had many positive impacts on child care providers and the children they care for: More providers are attending workshops on child development, nutrition, health and safety practices, school readiness and early literacy, and providers are becoming more interested in licensing.
- k. How were these impacts measured or documented?
 - ◆ These impacts were measured and documented using a Logic Model evaluation method. Desired outcomes were identified and quarterly reports were completed to document the success of those outcomes.
- l. (Optional) Is the program research based? What was the rationale for the program's design?

PROGRAM B:

- a. What is the name of the program, and in which agency is it housed?
 - ◆ St. Elizabeth Community Hospital Special Programs (formerly known as St.Elizabeth Community Hospital WIC Program) Perinatal Education Program.
- b. What identified need or issue does the program address?
 - ◆ This program provides Perinatal Education in both English and Spanish adapted to meet the cultural needs of our population. These classes were not available in Spanish prior to this grant and the English classes were being taught by an instructor from outside the area.
- c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?
 - ◆ Improved child health.
- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?
 - ◆ The program is designed for prenatal and post partum women and partners or support persons. This program educates parents on various topics which directly impact the health and well being of children 0-6 weeks of age. Examples of such topics include: prenatal nutrition, infant nutrition, bonding, tobacco cessation, childbirth options, car seat safety, and basic infant care.
- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?
 - ◆ The primary target group of this program is the underserved Latino/a population. We have employed a Latina woman who is well respected in the community. She has been trained in various aspects of perinatal education. This person has the appropriate cultural skills and capabilities to meet and exceed the program objectives. She is also qualified and extremely capable to interact with the Caucasian

participants as well. The education materials we provide are adapted to meet language and cultural needs of our service population.

- f. What specific outcomes does the program aim to achieve?
 - ◆ The program seeks to increase parental knowledge of infant care, newborn development, and feeding, parent and infant bonding, improved pregnancy outcomes, maternal education of birthing options and an increased satisfaction of the birth experience.
- g. What activities or resources are offered through the program?
 - ◆ The program offers five education opportunities which include a 6-week childbirth series, breastfeeding class, waterbirth class, baby basics class, and 4-6 week postpartum education series. We offer all classes in English and Spanish and we are now expanding our class schedules to include classes in the Corning area.
- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?
 - ◆ Our current staff includes a Registered Dietitian / Lactation Consultant trained in childbirth education, an RN from the St. Elizabeth Community Hospital OB Department who has received special training as a childbirth educator, and a bilingual health educator who has special training in childbirth education, breastfeeding, and normal nutrition. We currently have one part time bilingual health educator position that is vacant.
- i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?
 - ◆ Rather than having English educators who may or may not speak Spanish, we have chosen to train and utilize members of the Latino community so that the education would be better received by this population. Also, we are taking the education to the more remote areas and modifying curriculum to better serve the needs of our participants. Lastly, we are providing quality education materials and a professional environment which indicates to our participants that the topic of perinatal care is important, to be taken seriously and that their participant needs are of the utmost importance.
- j. What types of positive impacts has the program had on children and families?
 - ◆ Positive impacts include improved satisfaction in childbirth options, increased knowledge about breastfeeding, childbirth, and Waterbirth.
- k. How were these impacts measured or documented?
 - ◆ Participant survey's are distributed and collected after each session.

(Optional) Is the program research based? What was the rationale for the program's design?

PROGRAM C:

- a. What is the name of the program, and in which agency is it housed?
 - ◆ The Family Resource Center (FRC) under Northern Valley Catholic Social Service (NVCSS).
- b. What identified need or issue does the program address?

- ◆ The specific need and issues that the program addressed was to promote, support, and improve the lives of children 0-5 years and their families through a comprehensive system of direct services, which included child care, parent education, and prevention for children and families at risk. This was accomplished by providing the tools necessary to cultivate secure, healthy, and nurturing environments. In addition the program successfully integrated referral services that directly addressed health care and community issues through the development of the Family Resource Center.
- c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?
- ◆ Through parent education, the program was able to focus on improving family functioning as it related to school readiness.
- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?
- ◆ The program was specifically designed to promote, support, and improve the lives of children from ages 0-5 years and their families through a comprehensive system of direct services with the intent of directly and indirectly supporting this targeted population, while offering support services to parents to increase their knowledge in childrearing and family relationships. The goal was to obtain measurable results in the areas of improving family functioning and developing stronger families. In addition, the program offered and accomplished parent education opportunities through providing a continuum of parenting classes, support groups and workshops in both English and Spanish. The program offered a "user-friendly" drop-in area for parents and caregivers to engage in peer dialogue, and provided access to family/child related resources, such as books, videos, pamphlets, and websites relevant to child development, child safety, and parenting. On-site child supervision and activities for children of parents/caregivers accessing activities of the FRC were also well received especially for those community members who lived in geographically and socially isolated areas. Finally attempts were made to promote and expanded on-site parent education/support services to local business and the faith community.
- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?
- ◆ Through Prop. 10 funding, the FRC offered many classes, educational materials, and parent support groups in Spanish which were facilitated by Spanish speaking parent educators. A support group for parents with Special Needs Children also proved to be valued by the community. This particular group targeted 0-3 years and was facilitated by a staff member who had both personal and professional experience with this population. The group offered parents who have special needs children the opportunity to discuss in the group setting strategies to parent special needs children, while their children attended a separate playgroup with trained special needs assistants.
- f. What specific outcomes does the program aim to achieve?
- ◆ The required elements of success for this program were measured through an established qualitative and quantitative means. The program met the desired

outcomes which were to increase the number and variety of parent education classes/support groups and workshops; increase attendance at the FRC activities from year one through year three; increase the number of children in attendance for on-site playroom supervision and increase the use of drop-in resources and referrals with the goal of decreasing unduplicated service delivery in each category.

g. What activities or resources are offered through the program?

- ◆ Classes, support groups, workshops and outreach were core activities/resources that were offered through the project. Attempts were made to maintain a minimum of 10 parent education activities which included parenting classes, support groups, workshops, Mommy and Me groups and play groups. The targeted populations for this program were families of Tehama County with children from 0 to 5 years of age. The services offered were provided to, and tailored for, parents in all categories, including teen parents, stepparents, foster parents, kinship care providers, and parents of special needs children. There was also a prioritized effort to address parent education, support and interests of the Spanish speaking/Latino population as well as the underserved in our community.

As it relates to resources offered through the project. The Family Resource Center was established and operated on the premise that "if parent education courses are developed by participants and these participants offered input in shaping the content of relevant workshops, it would benefit the FRC as these participants were more likely to attend the activities offered." In addition the FRC program integrated and assisted with the coordination of services with other children's service programs such as Tehama County Head Start, Child Care Referral and Education, St. Elizabeth Community Hospital WIC Program, and the Emergency Response Team. Materials and resources used to provide the parent education and support included but were not limited to the following: Positive Discipline, Active Parenting, All About The Kids, Por El Bien de Los Ninos, Parent Pages, Seasonal Family Activities, Student Learning Standards of Tehama County Department of Education, Tehama County Resource Guide, Love and Logic, Nurturing Parenting, Positive Parenting for Toddlers, Special Needs Support Group, Latino Women's Support Group, Summer Story Hour, and Latino Family Literacy Project.

h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?

- ◆ The program staff design of NVCSS was built around a strength based model consisting of a County Director, Program Manager, two fulltime bilingual Parent Educators, Parent Advocate/Outreach Worker and contracted Playroom Attendants. The team consisted of a multi-cultural as well as multidisciplinary staff of educators, professionals, and paraprofessionals with additional support offered through community based referrals.

i. What makes the program innovative in meeting the needs of your county (e.g., has it been designed or adapted for a specific population)?

- ◆ What made this program innovative in meeting the needs of Tehama County was the flexibility and technical support provided by the Prop.10 Commission and Executive Director. With such support and flexibility, the program was able to "re-invent" itself as well as critically examine program strengths and weaknesses based both on program and community needs. The program was actively involved with Strategies

Peer Review process and attempted to further develop collaborations through referrals/resources with Shasta College Department of Education - Child Care Referral and the Tehama County Department of Education, St. Elizabeth Community Hospital WIC Program, Tehama County Emergency Response Team home visitors, Home Help for Hispanic Women, Tehama County Head Start, and Tehama County Department of Social Services. In addition, the underserved and isolated communities such as Rancho Tehama, Corning, Gerber, and Los Molinos were provided with educational information regarding the importance of targeting parents and children 0 to 5 years of age. These services were delivered through the purchase/lease of a van, which made it possible for Parent Educators to offer classes and resources at these outlying locations. As a result, program staff was successful in coordinating ride sharing as appropriate among FRC clients as well as developing specific classes/groups that were a reflection of the community's immediate needs.

- j. What types of positive impacts has the program had on children and families?
 - ◆ The positive impact that this program has had on children and families is difficult to measure and is extensive. The funding from this program offered NVCSS the opportunity to expand both capacity and range of services in Tehama County, which offered the community better accessibility to resources, a convenient central location, and classes/education for families with children from 0 to 5 years of age. With the increased capacity, NVCSS was able to deliver parent education and support services, with the major focus on implementing a continuum of parent education and support programs. In addition, parental needs and challenges as they related to child developmental stages were impacted as the program offered sequential classes and workshops that addressed the specific differences in ages and stages, yet were not limited to, the bonding/nurturing process of the newborn, time out, limited choices, bedtime routines, and natural/ logical consequences as the child progressed through the toddler stage to the preschool arena. The program also offered on-site supervision for parents accessing classes which greatly impacted those underserved families and children, thus increasing appropriate socialization activities. Finally, the transportation barrier, which prevented some families from attending activities at the FRC was decreased through outreach and targeted services in outlying geographically isolated areas. Other positive impacts included: offering parental information specific to child rearing and family relationships; increased use of parenting related services; increased knowledge of how to access family resources; and increasing the number of stronger families with improved family functioning.
- k. How were these impacts measured or documented?
 - ◆ The impacts this program made were measured through qualitative and quantitative means. Desired outcomes included an increased number and variety of parent education classes/support groups and workshops; increased attendance through Center based activities from year one through year three; increased number of children attending on-site playroom activities and an increased use of "drop-in" for resources and referral with the goal of decreasing unduplicated clients in each category.
- l. *(Optional)* Is the program research based? What was the rationale for the program's design?
9. *(Optional)* **Child/Family/Provider Vignettes.** Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your

description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you would like.

PROGRAM A:

- a. What type of participant(s) are you describing (e.g., child, family, child care provider)? Please describe the ages of the children involved.
 - ◆ Informal Child Care Provider.
- b. What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age(s), primary language(s), disabilities and other special needs)?
 - ◆ Female, Caucasian, English, No disabilities.
- c. Describe the factors that contributed to the child or family's participation in your program. What needs were addressed?
 - ◆ This informal child care provider came into the program when she began providing subsidized child care for her two grandchildren, ages 4 and 7.
- d. Which services or activities did the participant(s) receive?
 - ◆ She initially received a home visit from the Project Coordinator with free books for the children and an educational packet for her. She then began participating in workshops and trainings and has received two incentives for completing 20+ hours of training. She was also given referrals for counseling for one of her grandchildren that she cares for that was having some behavior and emotional problems.
- e. What positive outcomes resulted because of participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Please include quotes from participants or staff, if available.)
 - ◆ Because of her participation in this program, the provider/grandmother has received educational materials, books and child development support for her grandchildren. The quality of care that she provides has increased due to her participation in workshops and trainings. These positive outcomes were measured through staff observation as well as evaluative measures.
- f. How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.
 - ◆ The services that this provider received helped promote school readiness by increasing this provider's knowledge of early care and education and parenting/family support services.
- g. How representative of the experiences of other individuals/families in your county is the vignette?
 - ◆ This vignette fairly represents the experiences of other Informal Child Care Providers who participate in this program.

PROGRAM B:

- a. What type of participant(s) are you describing (e.g., child, family, child care provider)? Please describe the ages of the children involved.
 - ◆ Teenage Pregnant Mothers and support persons.
- b. What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age(s), primary language(s), disabilities and other special needs)?
 - ◆ These girls attend a continuation high school in the southern Tehama County. Most of these young women feel isolated due to the lack of transportation and their age. Therefore, these participants have been absent in the main stream classes. The participants are both English and Spanish speaking.
- c. Describe the factors that contributed to the child or family's participation in your program. What needs were addressed?
 - ◆ The class is offered as part of the class schedule at the continuation school in Corning and it is modified to meet the varied needs of the more youthful population. These changes address the transportation and isolation issues of this group. Prior to this arrangement these girls were not being educated.
- d. Which services or activities did the participant(s) receive?
 - ◆ See narrative below.
- e. What positive outcomes resulted because of participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Please include quotes from participants or staff, if available.)
 - ◆ See narrative below.
- f. How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.
 - ◆ Better birth outcomes and positive infant feeding improve school readiness.
- g. How representative of the experiences of other individuals/families in your county is the vignette?
 - ◆ Transportation challenges and a feeling of isolation are very common issues with potential participants in our community.

SECH-WIC Pre-Post Partum Classes

A new connection with the Corning High School's Infant-Toddler Center: It was not in the original plan, however, through Prop 10 facilitation, SECH/WIC and the Infant-Toddler Center collaborated to bring together a much needed service for teen parents. The WIC staff (now know as SECH Special Programs) customized the Childbirth, Waterbirth, and Breast-feeding class curriculums to meet the rural teen mother's needs. These classes were important not only to the mothers but also to the support persons who were invited to attend. A rapport continues with the Infant-

Toddler Center core group to this day. SECH/WIC continues to be connected through the Home Health Nurse and through mainstream classes. Because of Prop 10 these connections were made - some mothers have borrowed videos from the SECH/WIC library, and others are now willing to join in with community classes offered off campus. As testified by the Corning High School's Infant-Toddler Center Coordinator, in the past, teen mothers were not attending these much-needed classes due to transportation and the classes were not geared to their special needs (i.e.: language, cultural considerations, age appropriate). Now that this collaborative relationship has been established this missing link in the education chain has been added.

PROGRAM C:

- a. What type of participant(s) are you describing (e.g., child, family, child care provider)? Please give the ages of the children involved.
 - ◆ The participant our team chose to discuss is a traditional Hispanic Spanish speaking family in their early twenties, who have an established residence in South Tehama County. The family dynamics consist of a working father and a "stay at home" mother, who is caring for two children ages 3 and 1. The oldest is a male, who appears to have difficulties with speech and language development and is currently being evaluated by Tehama County Department of Education. The youngest, a female appearing to be on track developmentally for her age.
- b. What are the demographic characteristics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?
 - ◆ (See above)
- c. Describe the factors that contributed to the child's or family's participation in your program. What needs were addressed?
 - ◆ The family lives in South Tehama County which created somewhat of a hardship as it related to accessing Spanish speaking resources at the FRC in Red Bluff. In addition, obtaining transportation and child care presented a challenge as this family owns one vehicle which was used by the father for transportation to work. This family also has minimal social support such as extended family and friends.
- d. Which services or activities did the participant(s) receive?
 - ◆ The support services that this family was able to receive were transportation, referral services to other community based organizations (to help with unmet needs such as health care, food, etc.), support with educational challenges, information on how to parent a child with special needs, translation services, use of phone, and other entitlements. In addition, the family received no cost child care, which allowed the family and children to increase socialization and develop friendships. As a result of the above participation in services, staff have observed a noticeable increase with the family's ability to engage others in conversation, a significant increase with the children's ability to appropriately socialize/play confidently with other children, and this family appears to have a better understanding of how to parent as well as access available community resources.
- e. What positive outcomes resulted because of participation? (Please include whether outcomes are based on staff observations, evaluation measures, or participant comments. Please include quotes from participants or staff, if available.)

- ◆ (See above)
- f. How did the services/activities received by the child/family promote school readiness or the supporting conditions for school readiness? Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration, and evaluation.
 - ◆ The services such as parent education, support groups, peer to peer interaction, child development activities, play groups, drop-in availability in a comfortable place for confidential conversations, and support with navigating "the system" for a child with special needs that the family received from the program, more than promoted school readiness and offered this family a range of services that were community based and culturally appropriate.
- g. How representative of the experiences of other individuals/families in your county is the vignette?
 - ◆ The intent of this vignette was not to capture all the services that the program offered. This vignette is just one of many family participants who have benefited from the program.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all of the outcomes listed below that were local funding priorities in FY 2002-03. Also, please check the indicators on which core participant data were collected. Population-based indicators will be collected by the statewide evaluation team and do not need to be marked.

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of live births in which mothers received adequate prenatal care 	<input type="checkbox"/> Number and percentage of births at low birth weight <input type="checkbox"/> Number and percentage of live births in which mothers received adequate prenatal care	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children aged 19-35 months who receive the recommended vaccines • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<input type="checkbox"/> Number and percentage of children who receive well-baby and child checkups by age 2 <input type="checkbox"/> Number and percentage of children with a regular medical home <input type="checkbox"/> Number and percentage of children who have health insurance <input type="checkbox"/> Number and percentage of children aged 19-35 months who receive the recommended vaccines	
<input type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of hospitalizations by children with nonfatal unintentional injuries 		
<input type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age 	<input type="checkbox"/> Number and percentage of women who are breastfeeding	<input type="checkbox"/> Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age
<input type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children who have dental insurance 	<input type="checkbox"/> Number and percentage of children ages 1 and older who receive annual dental exams	<input type="checkbox"/> Number and percentage of children who have dental insurance

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are free of smoking-related illnesses.		<input type="checkbox"/> Number and percentage of children who live in households where no adults smoke <input type="checkbox"/> Number and percentage of women who did not smoke during pregnancy	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child-care spaces per 100 children • Number of licensed family child-care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child-care spaces for children with disabilities and other special needs 		
<input type="checkbox"/> Children participate in early childhood education programs.		<input type="checkbox"/> Number and percentage of children who have ever attended a nursery school, prekindergarten, or Head Start program by the time of kindergarten entry	
<input type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> • Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry 	<input type="checkbox"/> Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry	<input type="checkbox"/> Number and percentage of primary care providers who use developmental screenings on all children under age 3
<input type="checkbox"/> Children enter kindergarten “ready for school”.	<ul style="list-style-type: none"> • Kindergarten student active attendance rates • Number and percentage of students retained a second year in kindergarten • State standardized test scores for reading in second grade 		<input type="checkbox"/> Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry <input type="checkbox"/> Number and percentage of children who participate in school-linked transition/school readiness immersion programs

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age 	<input type="checkbox"/> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age	
<input type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> Number and percentage of children with substantiated or confirmed (open) cases of child abuse Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input type="checkbox"/> Fewer teens have babies and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> Number and rate of births to young teenage mothers 		<input type="checkbox"/> Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> Number and percentage of children living in poverty Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs 		<input type="checkbox"/> Number and percentage of children living in poverty <input type="checkbox"/> Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) <input type="checkbox"/> Number and percentage of children who move more than once in a year <input type="checkbox"/> Number and percentage of mothers who completed high school or its equivalent
<input type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<input type="checkbox"/> Number and percentage of mothers screened for and referred for depression
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> Number and percentage of children under age 5 who have lived in foster care within the past year Number and percentage of children under age 5 in foster care who are placed in a permanent home 		